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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Jonathan M. Foreman – Group 3736

FIRM/COMPANY: U.S. Patent and Trademark Office
Mail Stop Amendment

FACSIMILE NUMBER: 571.273.8300

**CONFIRMATION
TELEPHONE:**

FROM: Edward J. Lynch

DIRECT DIAL: 415.957.3067

DATE: January 3, 2007

USER NUMBER: 5119

FILE NUMBER: Attorney Docket No. R0367-00401;
Serial No. 09/981,525

TOTAL # OF PAGES: 13
(INCLUDING COVERSHEET)

MESSAGE: Please see the attached Amendment and Response to Office
Action and Terminal Disclaimer.

NOTE: Original will not follow

CONFIDENTIALITY NOTICE

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**RECEIVED
CENTRAL FAX CENTER****JAN 03 2007****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re the application of
Burbank et al.

Examiner: Jonathan M. Foreman

Group Art Unit: 3736

For: **TISSUE ACQUISITION SYSTEM AND
METHOD OF USE****AMENDMENT AND RESPONSE
TO OFFICE ACTION MAILED**

Serial No.: 09/981,525

07/05/2006

Filed: October 16, 2001

Docket No.: R0367-00401

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Examiner Jonathan M. Foreman, at Mail Stop
Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 3, 2007.

in San Francisco, CA.

Sirpa Kirjonen

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 07/05/2006, and Terminal Disclaimer.

2. Claim Fee Calculation

X No additional claim fee is required.
 _____ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	2-3=	0 x	\$100=	\$0
Total Claims	2202	13-19=	0 x	\$25=	\$0

Fees Due.....\$0

3. Additional fees: Request for Extension of Time for three (3) months from October 5, 2006 to January 5, 2007, pursuant to 37 CFR §1.17(a)(3).....**\$510.00**
Terminal Disclaimer fee under 37 CFR 1.20(d).....**\$65**

Total Fees Due..... \$575

4. Payment of Fees

_____ Enclosed is a check for the total fees due in the amount of ____.
X The Commissioner is authorized to charge the additional fees, and any other fees due, and to credit any overpayment of fees set forth under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00401. A duplicate copy of this document is enclosed for fee processing.

By: _____

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